## 2045 · 08 · 17 · 08 · 00049482

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 AUG 17 AM 8: 50

						Office Use Only		
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
Michel	Aniss	APO	well the	only ONE f	or the	Job. 2016		
Preside	ency	ant	7 BEY	DND.				
ADDRESS (number a	und street)	16	16 Ena	lerly Stree	<del>(</del>			
☐ <b>(Check if</b> is change			<del></del>	<i>)</i> 				
		Dira	ung& by	<u>rg.</u>	SC Z	ZIP CODE		
COMMITTEE'S E-MAIL ADDRESS								
☐ <b>(Check if</b> is change		MI	che L.Poh	rell@gmail.c				
		Optiona	l Second E-Mail Ac	ddress				
		L						
		,						
COMMITTEE'S WEE	B PAGE ADI	DRESS (L	JRL)	_				
(Check if address www.com/ is changed) WW.com/								
id onlinge	,	11 1	×-10-0					
		The	realgiop:					
2. DATE	8'0	<u>ම</u>	20.7.5					
3. FEC IDENTIFICATION NUMBER ▶ COS 57.99.53								
4. IS THIS STATE	MENT	NEV	V (N) OR	AMENDED (A)				
I certify that I have	examined th	is Statem	ent and to the bes	t of my knowledge and belief it	is true, correct an	d complete.		
Type or Print Name of Treasurer MIChel A. Powell								
7F = 20 0 0000		- <del> </del>						
Signature of Treasur	rer	mp	lowell.	·	Date 08	06/2013		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)		

!	FEC FO	m 1 (Heviseo 02/2009)							
		OMMITTEE							
Can	didate	Committee:							
(a)	<u>U</u>	This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Cand	e of lidate	IMS. Michel ANGSa Porvell							
	lidate ⁄ Affiliati	on DEM Office State Schale President District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Cand	e of lidate								
Par	ty Con	Imittee:							
(d)		(National, State (Democratic, Republican, etc.) Party							
Poli	tical A	ction Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is							
		Corporation Corporation w/o Capital Stock Labor Organization							
		Membership Organization Trade Association Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.							
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee. (i.e., nonconnected committee)							
	In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Join	t Fund	raising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	Corr	mittees Participating in Joint Fundraiser							
	1.								
	2.	FEC ID number C							
	3.	FEC ID number							
	4	l							

he only ONE.

Telephone number

Page 3

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

CITY

STATE

ZIP CODE

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Michel Powell 1616 Enderly St Orangeburg, SC 29118-2456

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
	8/17/15
PREPARER (3/2015)	DATE PREPARED